

SKI-HI TRAINING APPLICATION/REGISTRATION

January 17, 18, 19, 2005
and
February 10, 11, 12, 2005
Indiana School for the Deaf
(Times and exact location to be announced)

Name:

Address:

Phone: (Daytime) _____ (Evening)

Email:

Current Job:

Background/Experience with Deaf and Hard of Hearing:

Why are you interested in this training?

You will receive confirmation after your application is accepted. Limited accommodations are available upon request. Thank you.

Please RSVP by December 10.

Mail or fax registration to:

Indiana School for the Deaf

1200 E. 42nd Street

Indianapolis, Indiana 46205

Attention: Amber Bahler, Outreach Department

Fax: 317-920-6350

For more information, please contact the Parent Infant Program at

LDille@isfd.state.in.us Or 317-924-8415
